

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016815

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 210

Primary Registration District No. \_\_\_\_\_

Registrar's No. 33

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED APR 30 1963

## 1. PLACE OF DEATH

a. COUNTY

Mercer

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Mercer

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Mill GroveLength of stay in 1b  
lifec. CITY  
OR  
TOWN Mill GroveInside Limits  
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTIONInside Limits  
Yes ☐ No ☐d. STREET ADDRESS  
(If outside, give location)Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

JOHN

Mc CLURE

4. DATE  
OF  
DEATH

Month

Day

Year

April 25, 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

2/6/1902

## 9. AGE (last birthday)

61

## IF UNDER 1 YEAR

Months 2 Days 19

## IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done,  
during most of working life, even if retired)

Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

grain 7 stock

## 11. BIRTHPLACE (City and state or country)

Spickard, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.

## 13a. FATHER'S NAME

Frank B. Mc Clure

## 13b. MOTHER'S MAIDEN NAME

Emma Mae Clemons

## 14. NAME OF HUSBAND OR WIFE

Mrs. Leafa Mc Clure

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes; no, or unknown) (If yes, give war or dates of service)  
no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs. Leafa Mc Clure Mill Grove, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Bronchiogenic Carcinoma

INTERVAL BETWEEN  
ONSET AND DEATH  
1 yr.Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour a.m. Month, Day, Year.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

Princeton, Mo.

## COUNTY

Mercer,

## STATE

Mo.

## 21. I attended the deceased from

5-7-62

to 4-25-63

and last saw her alive on

Death occurred at 5:20 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

W. Douglas D. Pearce, D.O.

## 22b. ADDRESS

Princeton, Mo.

## 22c. DATE SIGNED

4-27-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

April 28, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Masonic Cemetery

## 23d. LOCATION (City, town, or county)

Spickard, Missouri

## 24. FUNERAL DIRECTOR

Martin &amp; Azbell Funeral Home

## ADDRESS

Princeton

## 25. DATE REC'D. BY LOCAL REG.

4-29-63

## 26. REGISTRAR'S SIGNATURE

D. L. May

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1 0650

2 0650

3

4 0

5 1

6

7 0

8 0

9 162.1

10

11

12 90-2

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lyman Ogden

Licensed Embalmer No. 5020

P. O. Address Princeton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

None of the above.